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Flow of compassion in health care: Moving beyond an individual towards a systemic focus

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Background: Compassion is an underpinning construct in nursing and healthcare more generally, an ideal that is a motivating force for most of those working in this field. Nevertheless, delivering compassionate care (CC) is not always easy or achieved. Little research has investigated how it is enacted and what it means to healthcare professionals (HCPs).

Aims: A grounded theory study (Charmaz, 2014) explored the meaning of CC for HCPs working with patients with type 2 diabetes. This condition was selected as a critical case because it is increasingly prevalent, long-term and involves sustained interactions within health services.

Methods: Semi-structured interviews and focus groups were conducted with 36 HCPs during May-October 2015. Analysis moved from open to focused coding. It involved the development of memos that asked questions of the codes, and contrasting of data with data and codes with codes.

Results: Data suggested that an innate drive to provide CC needs to be supported by the right external conditions. This resulted in the development of flow as a key concept. Flow of CC was sustained by what HCPs defined as 'professional compassion' and a wish to improve patient health. It could also be affected by factors impeding its momentum (e.g. time and resources) or upholding this drive to be compassionate (e.g. supportive colleagues and drawing on faith). The presentation will outline this model of flow and CC and highlight the drainers and defenders associated with it.

Discussion: Although CC tends to be perceived on an individual level, our model emphasises broader factors affecting its delivery, which are often not acknowledged in policy documents.

Conclusion: Our model can help those working in healthcare to anticipate and manage disruption to the CC flow, whilst also promoting factors that defend and maintain the energy required for it to flourish.